

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

State of _____

Parish of _____

Before me, the undersigned authority, personally came and appeared _____, who,
after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.



Signature of Lobbyist

Sworn to and subscribed before me on this _____ day of _____, 19 _____.

Notary Public